

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table>	

Full Name of Payee <b>Lamar Companies</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">11</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">02</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2015</table>		
Mailing Address PO Box 96030			Amount <table border="1" style="display:inline-table; width:100%; text-align:right">8250.00</table>		
City Baton Rouge	State LA	Zip Code 70896	Transaction ID : D689882		
Purpose of Expenditure Printing		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">11</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">03</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2015</table>		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%; text-align:right">380528.18</table>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Lamar Companies</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">11</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">02</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2015</table>		
Mailing Address PO Box 96030			Amount <table border="1" style="display:inline-table; width:100%; text-align:right">56000.00</table>		
City Baton Rouge	State LA	Zip Code 70896	Transaction ID : D689883		
Purpose of Expenditure Printing		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">11</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">03</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2015</table>		
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Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%; text-align:right">380528.18</table>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%; text-align:right">64250.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; width:100%; text-align:right"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%; text-align:right"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

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Signature